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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/EP04/52006 09/02/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/15/2007

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DENMARK	0	11	1
Verified and /BRENDA LIBBY COLEMAN/ Acknowledged Examiner's Signature	Initials				

**ADDRESS**  
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**TITLE**  
 Piperazines as oxytocin agonists

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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